Am	e n di	men	t	
X	Yes			No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Inf	formation	1000			La Dett			THE REPORT OF THE
a. Full Name								c. ID Number
CITIZENS TO E								CRA-2CD2NC-C-001
b. Mailing Addres		ty, State and Zi	p Code)	γ , , , ,				d. Date Filed
1037 COLLETC TRENT WOOD		2						07/21/2014
	1							e. Phone Number
2. Report Year 3	. Period Star	rt Date (mm/dd/	уу)	4. Period	End Da	ite (mm/dd/yy)	5. Treasu	rer Full Name
2013		7/01/2013			12/31/2	2013	DANIEL	E MURPHY
6. Type of Commi				e of Repor	t (c		type of rep	ort from one category)
Candidate Camp			Munic	-		State/County	.15.	Referendum
☐ Joint Fundraiser☐ Referendum			므	Organizatio		☐ Organization	nal	☐ Organizational
		gal Expense Fund	1—	Thirty-five	-	Quarterly		☐ Pre-referendum
7. Type of Fund "Booster Fund"	(у аррисаві	le, check one)	<u> </u>	Pre-primar		First		Final
Building Fund			밁	Pre-electio Pre-runoff	n	Second		Supplemental Final
Presidential Elec	ction Year Can	didates Fund	-	Semi-annua	.1	Third		Annual
☐ NC Public Camp				Mid Ye		Fourth Semi-annua	1	☐ Special
_		,	ᅜ	Year E		Mid Ye		10. Special Report Name
Other:			lH	Final		Year E		10. Special Report Name
8. Number of Fun	draisers this	Report		Special	l	☐ Final		
	1					☐ Special		
3. Account Inform					3. Acc	ount Informati	on	
a. Financial Institu	ution Full Nar	m e			a. Fina	ncial Institutio	n Full Nam	ıe
BB&T					PIRYX	X INC.		
b. Purpose		c. Account Cod	le		b. Purp	ose		c. Account Code
CONTRIBUTION EXPENDITURES			1		ONLI	NE TRANSAC	CTIONS	2
		d. Period Begin	Balan	ce				d. Period Begin Balance
		\$			=			\$
Chapter 163 of t	e Committee o	al Statutes and	that no	funds are	commir	ngled with prol	hibited or o	2A, 22B & 22D-22M of other non-disclosed by the NC State Board
iunus. Tiurmer	certify that th	ins report is co.	приссе,	on ori			been traine	ed by the NC State Board
DANIELE Prin	Murphi ited Name of Si	gner		Ruepor Sign	T file	١١١٤/١٤	surer	07/21/2014 Date
FOR OFFICE US	EONLY	9 9 20	14				2 - 1 - 57	
Date Received	:			Emplo	yee:	Muy	at the same of the	ivery Method Normal Mail
Date Postmark	ted:			Emplo	yee: _			Registered Mail Hand Delivered
Date Scanned:				Emplo	yee: _			Electronically Filed
Date Data Ente	ered:			Employ	yee: _	Y V L		Signer has not received mandatory training
	assistan	annot be used to the treasurer, cus the Statement	todian	of books ii	nformati	ion, or accoun	the commi	ittee address, treasurer, on.

CRO-1000

NC State Board of Elections

December 2007

Amendment X Yes □ No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

CITIZENS TO ELECT CHIP HUGHES	2. Type of Re 2013 Year E		CRA-20	mber CD2NC-C-001
Start of Election Cycle: January 1,2013	Total this porting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 36,186.37	\$	0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$	650.00
6) Contributions from Individuals	(CRO-1210)	\$ 8,962.95	\$	56,010.53
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$	0.00
1) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$. 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$	0.00
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 8,962.95	\$	56,660.53
EXPENDITURES		, , , , , , , , , , , , , , , , , , , ,		
3) Disbursements	,			
13a) Operating Expenditures	(CRO-1310)	\$ 15,847.68	\$	24,119.30
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$	500.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$	129.59
5) Loan Repayments	(CRO-1420)	\$ 0.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 732.95	\$	1,095.37
7) In-Kind Contributions	(CRO-1510)	\$ 232.95	\$	2,480.53
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 16,813.58	\$	28,324.79
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 28,335.74	\$	28,335.74
ADDITIONAL INFORMATION		4048900		
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00		
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00		
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00		
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	-2	
4) Account Transfers Within the Committee	(CRO-1720)	\$ 376.99	34	
5) Administrative Support	(CRO-1710)	\$ 0.00	\$	0.00
6) Forgiven Loans	(CRO-1440)	\$ 0.00	\$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$	0.00
3) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$	0.00

Pg 1 of 24 Amendment No

Jse this	form to report individual	contributions over \$50	or contributions	under \$50 if form	CRO 1205 is not used
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		e (and Fund if applicab	de)			2.	ID Number
CITIZI	ENS TO ELECT	CHIP HUGHES				C	CRA-2CD2NC-C-001
3. Cont	ributor Informati	ion		Add □ Re	emove		
	Name, Mailing Add			b. Job Title/Pi		d.	Comments
	ide city, state, & z	ip)		CIVIL ENGI	INEER		
	H AVOLIS RENVILLE CT			c. Employer's	Name/Specific Field	-	
	T WOODS, NC 2	28562		AVOLIS ENGINEERING, PA			
					,	e. J	Election Sum to Date
						\$	100.00
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/26/2013	٠	\$ 100.00
							\$
							\$
	ributor Informatio				emove		
	Name, Mailing Add de city, state, & zi			b. Job Title/Pr		d. (Comments
	AM BARDEN III			PHYSICIAN	' -		
	OLLETON WAY			c. Employer's	Name/Specific Field	1	
TRENT	T WOODS, NC 2	28562		COASTAL CHILDRENS			
				CLINIC		e. E	Election Sum to Date
						\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/24/2013		\$ 100.00
							\$
							\$
	ributor Informatio			Add Re		١, ,	2 2
	lame, Mailing Add de city, state, & zi			b. Job Title/Pr	ofession	d. C	Comments
	ERINE BARRET			CEO			
227 LA	KEMERE DR			c. Employer's	Name/Specific Field		
NEW B	BERN, NC 28562	2		UNITED MI	LITARY TRAVEL	. F	Dection Sum to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
	2	Credit Card			09/08/2013		\$ 500.00
							\$
							\$
4. Tota	l only this Pag	ge				\$	700.00
	il of ALL CRC	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	8,962.95

Contributions from Individuals Pg 2 of 24 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)

		e (and Fund if applicabl	(e)		54.	_	ID Number	
CITIZ	ENS TO ELECT	CHIP HUGHES				C	CRA-2CD21	VC-C-001
	tributor Informat			Add □ Re	emove	-		
A 600 TO COMPANY OF A 600 PM	Name, Mailing Ad	446 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		b. Job Title/Pr		d. (Comments	
	ude city, state, & z			NURSE (RE	ΓIRED)		1 2	(NAZANIELO)
4406 F	SARA BENNETT RIVERSHORE D	PRIVE		c. Employer's	Name/Specific Field			
	BERN, NC 2856		2.0	COASTAL 1	NEUROLOGY	_		
			0	1000 Procedure		e. F	dection Sun	n to Date
						\$		25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	42.00
	1	Check			09/24/2013		\$	25.00
							\$	
			ž .				\$	
3. Cont	ı ributor İnformati	ion		Add Re	move			
	Name, Mailing Add		- Annual Control	b. Job Title/Pr		d. C	Comments	
	ıde city, state, & z			PROJECT M.		Consess.	ASSACTOR TAXABLE	
	AS BLACKISTO)N						
	PASTEUR			2.000.000.000.000.000	Name/Specific Field			
NEW I	BERN, NC 2856	0		MICHAEL B		· ·		Man color contratagos.
				ENGINEERI	.NG	e. r	dection Sun	1 to Date
			6		. !	\$		150.00
f. Prior	g. Account Code	The state of the s	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	, 1	Check			09/24/2013	27	\$	50.00
					,		\$	
	3			*			\$	
	ributor Informatio			Add Rei	move			
	Name, Mailing Ado			b. Job Title/Pro		d. C	Comments	
	ide city, state, & zi	ip)		SALES		3		
	BLANCHARD					31		
	EVONSHIRE DI				Name/Specific Field	1		
IKEN	r woods, nc 2	28562	*	NEW BERN		e. F	lection Sun	n to Date
			4			\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/04/2013	OF ORNO	\$	100.00
□ .				*		34	\$	ū
			, u				\$	a t
4. Tota	al only this Pag	σe				\$		175.00
	al of ALL CRO	•						
	ACA, COC. OF THE CO. LANS ST.	6 of Detailed Summary Po	age CRO-1100)			\$		8,962.95

Pg 3 of 24 Amendment No

Jse this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not a	used
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1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
	ENS TO ELECT				~	C	CRA-2CD2N	C-C-001
3. Cont	ributor Informati	ion		Add 🔲 Re	emove			
	Name, Mailing Add			b. Job Title/Pi	rofession	d. 6	Comments	
	ıde city, state, & z	ip)		REAL ESTA	TE AGENT			
	ENE BOYD	DOAD		c Employer's	Name/Specific Field	-		
	BRICES CREEK I OCKSVILLE, NO			SELF	Name/Specific Field	1		
1 OLL	JCKS VILLE, 110	20373		SELF		e. I	Dection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			09/24/2013		\$	250.00
							\$	
							\$	
A CONTRACTOR OF THE PARTY OF TH	ributor Informatio			Add Re				
	Name, Mailing Add de city, state, & zi			b. Job Title/Pr		d. (Comments	
				AIRPORT D	IRECTOR			
THOMAS A BRAATEN 4506 MORGAN LANE				c. Employer's Name/Specific Field				
	BERN, NC 28562	2		COASTAL CAROLINA				
				REGIONAL AIRPORT		e. F	Dection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	2 1	k. Amount	
	1	Check			09/17/2013		\$.	250.00
							\$	
							\$	
	ributor Informatio				move			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi	p)		REALTOR				
	E BRATTON ENELLA ROAD			c. Employer's	Name/Specific Field			
	WOODS, NC 2			COLDWELL				
						e. E	Dection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check	1 -		09/10/2013		\$	100.00
							\$	
		7					\$	
4. Tota	al only this Pag	ge				\$		600.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$;	8,962.95

Contributions from Individuals Use this form to report individual

				Amendme	ent
Pg	4	of	24_	X Yes	□ No

se thi	s form	to report individu	al contributions	over \$50 or	contributions	under \$50 if form	CRO 1205 is not use	ed

a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 b. Job Title/Profession SALES MANAGER c. Employer's Name/Specific Field WELLS FARGO MORTGAGE e. Election Sum to Date \$ 25.00	Contributor In Full Name, Mai (include city, st RUSSELL CLA 107 FAIRWAY TRENT WOOD Prior g. Accour 1 Contributor In Full Name, Mai
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUSSELL CLARK 407 FAIRWAY DRIVE TRENT WOODS, NC 28562 f. Prior g. Account Code h. Form of Payment i. In-Kind Description include city, state, & zip) 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) B. Job Title/Profession INSURANCE BROKER c. Employer's Name/Specific Field FIRST CHOICE BENEFITS e. Election Sum to Date \$ 50.0 \$ 50.0 Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) SALES MANAGER C. Employer's Name/Specific Field WELLS FARGO MORTGAGE f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check O9/24/2013 \$ 25.00	Full Name, Mai (include city, st (INCLUDE CITY,
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUSSELL CLARK 407 FAIRWAY DRIVE TRENT WOODS, NC 28562 f. Prior g. Account Code h. Form of Payment i. In-Kind Description include city, state, & zip) 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) B. Job Title/Profession INSURANCE BROKER c. Employer's Name/Specific Field FIRST CHOICE BENEFITS e. Election Sum to Date \$ 50.0 \$ 50.0 Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) SALES MANAGER C. Employer's Name/Specific Field WELLS FARGO MORTGAGE f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check O9/24/2013 \$ 25.00	Full Name, Mai (include city, st (INCLUDE CITY,
RUSSELL CLARK 407 FAIRWAY DRIVE TRENT WOODS, NC 28562 FIRST CHOICE BENEFITS C. Employer's Name/Specific Field FIRST CHOICE BENEFITS E. Election Sum to Date \$ 50.0 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check O9/12/2013 \$ 50.0 \$ Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check O9/24/2013 \$ 25.00 K. Amount C. Employer's Name/Specific Field WELLS FARGO MORTGAGE E. Election Sum to Date \$ 25.00 K. Amount Check O9/24/2013 \$ 25.00	RUSSELL CLA 407 FAIRWAY FRENT WOOD Prior g. Accour 1 Contributor In Full Name, Mai
407 FAIRWAY DRIVE TRENT WOODS, NC 28562 FIRST CHOICE BENEFITS	Prior g. Accour
TRENT WOODS, NC 28562 FIRST CHOICE BENEFITS e. Eection Sum to Date \$ 50.0 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/12/2013 \$ 50.0 \$ \$ 3. Contributor Information	Prior g. Accour 1 Contributor In Full Name, Mai
e. Election Sum to Date \$ 50.0 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/12/2013 \$ 50.0 \$ Check 09/12/2013 \$ 50.0 \$ 3. Contributor Information \$ \$ Full Name, Mailing Address & Phone (include city, state, & zip) \$ SALES MANAGER BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 C. Employer's Name/Specific Field WELLS FARGO MORTGAGE F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	Prior g. Accour
\$ 50.0 F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	Contributor In Full Name, Mai
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	Contributor In Full Name, Mai
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S S S S S S S S S S	Contributor In
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 6. Employer's Name/Specific Field WELLS FARGO MORTGAGE 6. Election Sum to Date \$ 25.00 Check 1 Date (mm/dd/yyyy) Check 1 O9/24/2013 \$ 25.00	Contributor In
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 f. Prior g. Account Code h. Form of Payment i. In-Kind Description Check D. Job Title/Profession SALES MANAGER C. Employer's Name/Specific Field WELLS FARGO MORTGAGE e. Election Sum to Date \$ 25.00 1 Check O9/24/2013 \$ 25.00	. Contributor In Full Name, Mai
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 C. Employer's Name/Specific Field WELLS FARGO MORTGAGE WELLS FARGO MORTGAGE e. Election Sum to Date \$ 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	Full Name, Mai
(include city, state, & zip) BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 WELLS FARGO MORTGAGE 6. Election Sum to Date \$ 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	
BRENT COOPER 104 GREENSIDE CT TRENT WOODS, NC 28562 WELLS FARGO MORTGAGE ### Complete Stand of Payment Standard Code Sta	(include city, st
104 GREENSIDE CT TRENT WOODS, NC 28562 WELLS FARGO MORTGAGE e. Election Sum to Date g. Account Code 1	
TRENT WOODS, NC 28562 WELLS FARGO MORTGAGE e. Election Sum to Date \$ 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	
e. Election Sum to Date \$ 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	KENI WOOD
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00	
□ 1 Check 09/24/2013 \$ 25.00	
D 09/24/2013 \$ 25.00	
-	
3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	
(include city, state, & zip) ATTORNEY	
JESSIE CORWIN PO BOX 1235 c. Employer's Name/Specific Field	
HAVELOCK, NC 28532 CORWIN LAW FIRM e. Election Sum to Date	AVELUCE, 14
\$ 150.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	Prior g. Accoun
□ 1 Check 09/30/2013 \$ 150.00	
□ s	
	_
4. Total only this Page \$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) 8,962.93	Total only t

Pg 5 of 24 Amendment Yes No

se this form to report individua	al contributions	over \$50 or contributions	under \$50 if form CRO	1205 is not used
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1. Committee Full Name (and Fund if applicable)							2. ID Number	
	ENS TO ELECT					C	CRA-2CD2NC-C-001	
3. Cont	ributor Informati	on		Add 🔲 Re	emove			
100 1100 1100	Name, Mailing Add		A 244 A	b. Job Title/Pi	rofession	d. (Comments	
	ide city, state, & z	ip)	B. C. T. C. C.	OWNER				
	Y COSNER			- Employaris	N-ma/Spanific Field	-		
	DGEHILL ROAD				Name/Specific Field	1		
IKEN	T WOODS, NC 2	28562		EAST CARG		e.]	Election Sum to Date	
0				AUTOMOT	IVE			
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/03/2013		\$ 50.00	
							\$	
							\$	
	ributor Informati			Add 🗆 Re				
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
	ide city, state, & zi			REAL ESTA	TE DEVELOPER			
WALTER F CRAYTON JR				c. Employer's Name/Specific Field				
302 FAIRWAY DR TRENT WOODS, NC 28562					COMMERCIAL	1		
TRENT WOODS, NC 28562				CRATION		e. F	Election Sum to Date	
						\$	90.00	
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
X	1	Check			04/15/2013		\$ 50.00	
	1	Check			09/11/2013		\$ 40.00	
							\$	
	ributor Informatio				move			
	lame, Mailing Add			b. Job Title/Pr		d. C	Comments	
	de city, state, & zi			INSURANCE	E SALES			
	ORY C CROMER	¿		c Employer's	Name/Specific Field			
	ARGATE DR BERN, NC 28562)	h	NC FARM B	-	ĺ		
111111111111111111111111111111111111111	ERT, 110 20002	•		INC LVIVINI D		e. F	Dection Sum to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			09/24/2013		\$ 40.00	
				9			\$	
							\$	
4. Tota	al only this Pag	ge				\$	130.00	
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Paga CPO_1100)			\$	8,962.95	
(1 1113 11	ne musi de on une (of Delanea Summary 1	uge Ch0-1100)			į.		

Contributions from Individuals Use this form to report individual contributions

				Amendn	nent
Pg	6	òf	24_	X Yes	□ No

Jse t	his	form to report	individual	contributions	over \$50 c	r contributions	under \$50 if for	m CRO	1205 is not us	ed

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Pg 7 of 24 Amendment ✓ Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) LOBBYIST SCOTT DACEY c. Employer's Name/Specific Field 139 TRENT SHORES DR TRENT WOODS, NC 28562 PACE GOVT RELATIONS e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/24/2013 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ENGINEER ANDY D'ANGELO c. Employer's Name/Specific Field 313A MIDDLE STREET NEW BERN, NC 28560 **SYTEX** e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 250.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES KEVIN DEBRUHL c. Employer's Name/Specific Field 208 FAIRCHILD DOWNS PLACE CARY, NC 27518 **ELI LILLY** e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/13/2013 \$ 150.00 \$ \$ 4. Total only this Page 650.00 \$ 5. Total of ALL CRO-1210 Pages \$ 8,962.95 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment 8 of X Yes ☐ No

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PRESIDENT ROBERT F DORSEY c. Employer's Name/Specific Field 234 RIVERTIDE LANE NEW BERN, NC 28561 DORSEY CONSULTING e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 09/17/2013 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED SANDRA FULCHER c. Employer's Name/Specific Field 124 PIRATES ROAD NEW BERN, NC 28562 DEPUTY CLERK OF COURT e. Election Sum to Date \$ 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PA STATE TROOPER DONALD GARNER c. Employer's Name/Specific Field 1002 BASIL DR NEW BERN, NC 28562 STATE OF PENNSYLVANIA e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 11/21/2013 \$ 200.00

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Pg 9 of 24 Amendment No

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Amendment **Contributions from Individuals** Pg 10 of X Yes ☐ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DENTAL LAB TECH MARK GRIFFIN c. Employer's Name/Specific Field 465 DAUGHERTY RD DOVER, NC 28562 **US NAVY** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/24/2013 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BUILDER **DAVID GURGANAS** c. Employer's Name/Specific Field 4200 COUNTRY CLUB ROAD TRENT WOODS, NC 28562 **SELF** e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/12/2013 \$ 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OCCUPATIONAL THERAPIST ALBIE HENDERSON c. Employer's Name/Specific Field 103 CREEKVIEW ROAD

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Pg 11 of 24 Amendment No

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Contributions from Individuals Use this form to report individual contributions

Amendment Pg 13 of 24 Yes No

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Contributions from Individuals Use this form to report individual

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Pg 15 of 24 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO (RETIRED) WILLIAM C NAUMANN c. Employer's Name/Specific Field 41 GABLES ROAD NEW BERN, NC 28562 HATTERAS YACHTS e. Election Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/10/2013 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) IT SPECIALIST MICHAEL O'DANIEL 818 LLEWELLYN DR c. Employer's Name/Specific Field TRENT WOODS, NC 28562 **SELF** e. Election Sum to Date 165.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 2 07/10/2013 \$ 100.00 Check 1 09/05/2013 \$ 65.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HIGHWAY PATROLMAN DAVID OGLESBY 313 BELL OAKS DR c. Employer's Name/Specific Field NEW BERN, NC 28562 NC e. Election Sum to Date 30.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 30.00 \$ \$ 4. Total only this Page 695.00 \$ 5. Total of ALL CRO-1210 Pages \$ 8,962.95 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Pg 16 of 24 Mendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 ☐ Add 3. Contributor Information ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) INSURANCE AGENT CHARLES E PARKER JR c. Employer's Name/Specific Field 2406 TURTLE BAY DR NEW BERN, NC 28562 **ROBINSON & STITH** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check 09/10/2013 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) VP JAMES A PERRY c. Employer's Name/Specific Field 1602 CAMBRIDGE DR KINSTON, NC 28504 AFFORDABLE CARE e, Election Sum to Date \$ 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/24/2013 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF EMPLOYED DEBORAH W PETERSON c. Employer's Name/Specific Field **4711 TRENT WOODS DRIVE** TRENT WOODS, NC 28562 PETERSON CONSTRUCTION e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/24/2013 \$ 50.00 \$ 4. Total only this Page 650.00 5. Total of ALL CRO-1210 Pages \$ 8,962.95 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Con	tributions fi	rom Individual	ls	P	g 17 of 24	1	X Yes	□ No
		ndividual contributior		ontributions u	nder \$50 if form CRO	120:		ed
1. Com	ımittee Full Name	e (and Fund if applical	ble)			2.	ID Numbe	er
CITIZ	ENS TO ELECT	CHIP HUGHES					CRA-2CD	2NC-C-001
	tributor Informat			Add R	emove	-1.79		
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(incl	ude city, state, & z	zip)		MENTAL H	EALTH			
PAUL	A C QUINN			COUNSELC		╛		
601 H.	AWTHORNE RI)		c. Employer's	Name/Specific Field			
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(inclu	ide city, state, & z	ip)		ORTHODO	NTIST			
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AKAI	AHOE, NC 2831	U					zection su	***************************************
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140.00

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Contributions from Individuals Pg 18 of 24 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 ☐ Add 3. Contributor Information ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **BOB SEIF** c. Employer's Name/Specific Field 3504 STRATFORD ROAD NEW BERN, NC 28562 e. Election Sum to Date 20.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Cash 09/24/2013 \$ 20.00 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ENGINEER** ROBERT SKROTSKY c. Employer's Name/Specific Field 5108 BUCCO REEF ROAD NEW BERN, NC 28563 GENERAL ELECTRIC e. Election Sum to Date \$ 300.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check 1 09/30/2013 \$ 50.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CHIEF OF POLICE **GEORGE SMITH** c. Employer's Name/Specific Field 104 MULBERRY CT PINE KNOLL SHORES, NC 28512 TOWN OF ATLANTIC BEACH e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/22/2013 \$ 100.00 \$ \$

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(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Pg 19 of 24 Mendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Remove ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) STATE REPRESENTATIVE MICHAEL SPECIALE c. Employer's Name/Specific Field 803 STATELY PINES ROAD NEW BERN, NC 28560 NC e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 09/24/2013 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MARCIA SPROUL 3046 BRIDLE PATH c. Employer's Name/Specific Field TRENT WOODS, NC 28562 e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 08/01/2013 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED PENELOPE SULLIVAN c. Employer's Name/Specific Field 914 CROOKED CREEK DR NEW BERN, NC 28560 e. Election Sum to Date 90.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check X 05/08/2013 \$ 50.00 Check 1 09/24/2013 \$ 40.00 \$ 4. Total only this Page 165.00 \$ 5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals Pg 20 of 24 Amendment No

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IIV.	I WOODS, INC.	28302	!	WHILE	LLEN, rA	e. I	Election Sum to Date
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	BERN, NC 28561	1	. /		NTS EAST, LLC		
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Pg 21 of 24 Amendment No

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			m .			e. F	Election Sum to Date
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NEW BERN, NC 28562			*	KELLER W			
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716 DAVY JONES			ţ	c. Employer's	Name/Specific Field	1	
NEW BERN, NC			-	CASINC	_	L	
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Amendment **Contributions from Individuals** 22 of X Yes ☐ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) OWNER **TONY VOGIATZIS** c. Employer's Name/Specific Field 521 ALEXIS DR NEW BERN, NC 28562 FAMOUS SUBS & PIZZA e. Election Sum to Date 750.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check 09/24/2013 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BUILDING CONTRACTOR W BRITT WARREN c. Employer's Name/Specific Field 2015 HORSESHOE BEND TRENT WOODS, NC 28562 COASTAL CRAFTSMAN e. Election Sum to Date \$ 550.00

I. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	1	Cash	1	09/24/2013	\$ 50.00
					\$
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3. Cont	ributor Informati	on	☐ Add ☐ Re	move	

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JOHN PERCY WETHERINGTON
119 N WEST ST
PO BOX 698
DOVER, NC 28526

B. Job Title/Profession
MAYOR

c. Employer's Name/Specific Field
TOWN OF DOVER

e. Election Sum to Date

\$ 200.00

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(This line must be on line 6 of Detailed Summary Page CRO-1100)

8,962.95

Pg 23 of 24 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	e (and Fund if applicab	ole)			2.	ID Numbe	r
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	ude city, state, & z THAN WILKINS			ENGINEER	R			
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	T WOODS, NC	28562		JONATHA	AN WILKINS PI, INC			
						e. F	Election Su	***************************************
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	ude city, state, & zi JA W WILLEY J			ATTORNE	Y			
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	al only this Pag					\$		225.00
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Contributions from Individuals Contributions from Individuals Pg 24 of 24 Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		Amendm	ent
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320000000000000000000000000000000000000	Name, Mailing Add			b. Job Title/Pro	CONTROL ACCUMENTATION OF THE PARTY OF THE PA	d. C	Comments
(include city, state, & zip) MALIA M ZAYTOUN				CAMPAIGN	CONSULTANT		
	DLDGATE DR			c. Employer's Name/Specific Field			
304				SELF			The second state of the second
RALEI	RALEIGH, NC 27604		H		a a	e. E	lection Sum to Date
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	AM G ZERBY JF			POLICE OFF	ICER	107	
	RANDON DR			c. Employer's N	Name/Specific Field		
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				Amendment				
Pg	1_	of	9_	X Yes	☐ No			

	full Name (and Fund						2. ID Nu	mber
CITIZENS TO	ELECT CHIP HUC	GHES					CRA-	-2CD2NC-C-00
3. Type of Disbu	ursement (Please	use separate CR	0-1310	forms for eac	h tune of Dish.	iveomi	aset)	
Operating Exp		tributions to Candida						expenditures
4. Payee Inform					Remove	0.00		A periarta es
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	line 13a of Detailed Si	Summary Page CRO.	1100 if	Or <i>arat</i> ing Fynan	-000)			
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E - Salaries	F* - Equipme	· .		o .				ffice Expenses
- Postage	J - Penalties			ffice Expenses	O* - Do	nation	n to Legal	Expense Fund
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D.«			Amendment				
Pg	2_	of	9_	X Yes	☐ No		

	ıll Name (and Fund						417	2. ID Nu	nber
CITIZENS TO	ELECT CHIP HUC	SHES						CRA-	2CD2NC-C-00
3. Type of Disbu	rsement (Please	use separate CR	0-1310	forms for eac	h ty	pe of Disbu	rseme	nt.)	
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4. Payee Inform				Add 🔲		move			
	ailing Address & Ph	one and the same	den a	b. Coordinate	d C	ommittee N	ame	d. Comm	ents
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O* Other	o renantes		.x -U	mer rapenses		, Q D(лап0	u to Legal	Expense Fund
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				Amendment				
Pg	3	of	9	X Yes	☐ No			

1. Committee F	full Name (and Fund	if applicable)					2. ID Nu	mber
CITIZENS TO	ELECT CHIP HUC	GHES .					CRA	-2CD2NC-C-00
3. Type of Disbu	ursement (Please	use separate CR	0-1310	forms for eac	h type of Dist	ursem	ont.)	a water and
Operating Exp		tributions to Candida						Expenditures
4. Payee Inform					Remove			
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4513 CARTER				***************************************	stered (Specify)]	
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		20					\$	100.00
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	ailing Address & Pho	one			d Committee N	Vame	d. Comm	ents
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							\$	245.00
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- Postage	J - Penalties			Political Party Office Expenses H* - Holding Public Office Expense Q* - Donation to Legal Expense F				ffice Expenses
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D' I		Amendmei	nt	
Disbursements	Pg <u>4</u> of <u>9</u>	X Yes		No

1. Committee F	ull Name (and Fund)	if applicable)						2. ID Number	r
	ELECT CHIP HUG					9. 2		CRA-2CD	2NC-C-001
3. Type of Disbu	irsement (Please)	use separate CRC	D-1310	forms for each	h type	of Dishu	rseme	nt.)	
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	SCO, CA 94105			☐ State	[e. Dection Su	m to Date
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PIRYX INC.	.c, ∝ z1p)								
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FIRST FLOOR	70. 01. 11.			Federal	Ĺ	County:			Nijowe Land
SAN FRANCISO	CO, CA 94105		}	State	L	Municip	anty:	e. Dection Sur	m to Date
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A* - Media	B* - Printing			undraising		D - To	Anoth	ner Candidate	
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				Amendm	ent
Pg _	5_	of	9_	X Yes	☐ No

1. Committee F	Full Name (and Fund	d if applicable)				7.	2. ID Nu	
CITIZENS TO	ELECT CHIP HU	GHES						-2CD2NC-C-00
3. Type of Disbu		e use separate CR	O-1310	forms for eac	ch type of Dis	bu <u>rsem</u>	ent.)	
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4. Payee Inform	nation			Add 🔲	Remove			
a. Full Name, M	ailing Address & Pl	hone		b. Coordinate	ed Committee	Name	d. Comn	nents
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NEW BERN, N	IC 28562			Federal	Count	100		
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JAKE TAYLOR]	
	Y CLUB ROAD		J	c. Level Regist				
NEW BERN, N	C 28562			Federal	County	•		
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E - Salaries	F* - Equipme	ent	G - Poli	itical Party				ffice Expenses
- Postage	J - Penaltie	S	K* - Of	ffice Expenses				Expense Fund
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Pg _	6	of	_9_	X Yes	☐ No

1. Committee Fu	ıll Name (and Fu	nd if applicable)	./	1657.5				2. ID Nu	mber
CITIZENS TO	ELECT CHIP H	UGHES						CRA	-2CD2NC-C-001
3. Type of Disbu	rsement (Plea	se use sep ar ate CR	0-1310	forms for eac	h t	pe of Disbu	rseme	ent.)	
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4. Payee Informa		3、以外外的 第				emove			经基金金额
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NEW BERN, NO	C 28563-0818			☐ Federal		County	:		
, , , , , , , , , , , , , , , , , , , ,	20202 0010			☐ State		☐ Municip	ality:	e. Electio	n Sum to Date
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Disb	urse	men	ts
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				Amendme	ent
Pg .	7	of	9_	X Yes	☐ No

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	
CITIZENS TO	ELECT CHIP HUC	GHES						CRA	-2CD2NC-C-00
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for eac	ch typ	e of Disbu	rseme	ent.)	
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THEA'S IDEAS	S								
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NEW BERN, N	IC 28563			Federal State		County		. 17	G P
				LI State		Withhelp	oanty:	e. Hectio	n Sum to Date
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1	Check	0	09	9/25/2013	\$	942.59	CIG	AR CUT	ΓERS
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4. Payee Inform				Add 🔲	Rem	ove			
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(include city, sta	te, & zip)								
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NEW BERN, N	C 28563			State	1	Municip		e Flectio	n Sum to Date
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								\$	6,149.61
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ΓRADE IDEAS. 4504 BERKLEY				c. Level Regist	tered	(Specify)			
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* - Media	B* - Printing			ndraising		D - To 4	noth	er Candid	ate
C - Salaries	F* - Equipme			tical Party					fice Expenses
- Postage	J - Penalties			fice Expenses		Q* - Do	nation	to Legal	Expense Fund
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Amendment

Pg 8 of 9 X Yes No

1. Committee F	ull Name (and Fund	if applicable)		1964 P.	14.6	2. ID Numb	er
CITIZENS TO	ELECT CHIP HU	GHES				CRA-2C	CD2NC-C-001
3. Type of Disb		use separate CR	0-1310 forms for eac	ch type of Disb	ursemei	rt.)	
Operating Ex			ntes/Political Committee		CONTRACTOR	d Party Expe	enditures
4. Payee Inform			☐ Add ☐	Remove			and Application
	ailing Address & Ph	one	b. Coordinat	ed Committee I	Name	d. Commen	ts
(include city, sta							
AARON WAL			a Lavel Degi	stered (Specify)	: Niddle (1966)		
VANCEBORO	S FERRY ROAD		Federal	County			
VILVOLDORO	,110 20300		☐ State	☐ Munic	L	e. Dection S	Sum to Date
						\$	650.00
	roo <u>u</u> a escare <u>v</u> a personativos	I.	State of the state				650.00
			i. Date (mm/dd/yyyy		32.22.502.50	uired Rema	arks
1	Check	В	11/13/2013	\$ 650.00	SIGN	AGE	
			July 1	\$			
4. Payee Inform			☐ Add ☐	Remove			100 May
	ailing Address & Ph	one	b. Coordinate	ed Committee N	lame d	d. Commen	ts
(include city, sta						a.	
MALIA M ZAY			o I was Door	stered (Specify)	CONSTRUCTION		
2610 OLDGAT 304	E DR		Federal	County	A 100 A		
RALEIGH, NC	27604		☐ State			e. Dection S	um to Date
* .						\$	6,268.22
f. Account Code	g. Form of Payment	h. Purnose Code	i. Date (mm/dd/yyyy)	j. Amount	k Rea	uired Rema	
1	Check	СО	07/30/2013	\$ 295.00			22/27/2000/2007/2007/2007
1	Check				COM	THLY RET	
		0	08/26/2013	\$ 250.00	MON	THLY RET	AINER S
4. Payee Informa			Add	Remove	Section 1		
include city, stat	iling Address & Pho	one	D. Coordinate	d Committee N	ame o	l. Comment	S
MALIA M ZAY			\$ 85.6 B 0.75 C 96.				
2610 OLDGATI			c. Level Regis	tered (Specify)			
304			☐ Federal	☐ County	:		
RALEIGH, NC	27604		State	☐ Munici	pality: e	. Dection S	um to Date
						\$	6,268.22
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	uired Rema	rks
1	Check	С	09/20/2013	\$ 195.00			KET EVENT
1	Check	0					
	CHECK		09/25/2013	\$ 948.16		THLY RET	
. Total only this	Page	1 - A - 125 - E 2-155				\$	2,338.16
	CRO-1310 Pages					Ψ	2,338.10
		ummarv Page CRO-	1100 if Operating Expe	nses)			
(This line goes in	line 13b of Detailed S	ummary Page CRO-	1100 if Contrib to Cana	lidates/Political C	Comm)	\$	15,847.68
(This line goes in	line 13c of Detailed Si	ummary Page CRO-	1100 if Coordinated Pa	rty Expenditures)			
. Purpose Co	des (List detailed o	expenditure code	in (h.) above)	Mark to the			
* - Media	B* - Printing		C* - Fundraising	D - To	Anothe	er Candidate	e
C - Salaries	F* - Equipme	nt	G - Political Party	H* - H	olding I	Public Offic	ce Expenses
- Postage	J - Penalties		K* - Office Expenses				xpense Fund
* Other Codes require	detailed explanation	in romined	orlin fold (L)				
Cours require	actanea expranation	i in requirea rem	arks held (K)				

D'.1					Amendr	nent	
Disbursements	Pg	9	of	9	X Yes	П	No
Use this form to report expenditures from the committee for enamting arm					8	_	

	recordinated party								
1. Committee Full Name (and Fund if applicable)							2. ID Number		
CITIZENS TO	ELECT CHIP HU	JGHES				CRA	-2CD2NC-C-001		
3. Type of Disb	ursement (Pleas	ee use senarate Cl	20-1310 forms for ea	ah tuna af Diak		2011	7 D. C.		
Operating Ex			ates/Political Committee				7		
		ittroutions to Candic			oordina	ted Party E	Expenditures		
4. Payee Inform	COURT CO.		☐ Add ☐	Remove					
	ailing Address & I	Phone	b. Coordinat	ed Committee	d. Comments				
(include city, sta	ate, & zip)	•							
MALIA M ZA	YTOUN								
2610 OLDGAT	TE DR		c. Level Regi	stered (Specify)	1				
304			☐ Federal	☐ Count	y:	1			
RALEIGH, NC 27604			☐ State	☐ Munic	Municipality:		e. Election Sum to Date		
						\$	6,268.22		
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Re	quired Re	emarks		
1	Check	О	10/28/2013	\$ 310.00	NTHLY RETAINER,				
1,	Check	С	12/29/2013 \$ 250.00			MMISSIONS NTHLY RETAINER			
5. Total only thi	c Page		12/2//2013	230.00	Tivioi	1			
				一位		\$	560.00		
(This line goes i (This line goes i	n line 13b of Detailea	Summary Page CR	O-1100 if Operating Exp O-1100 if Contrib to Can O-1100 if Coordinated Po	didates/Political	Comm)	\$	15,847.68		
7. Purpose Co	odes (List detaile	d expenditure code	e in (h.) above)						
A* - Media	B* - Print	C* - Fundraising				her Candidate			
E - Salaries			G - Political Party	9		olding Public Office Expenses			
			K* - Office Expense	Office Expenses Q* - Donation to Legal Expe					
* Codes require	e detailed explanati	on in required rea	narks field(k)	, , , , , , , , , , , , , , , , , , ,					
CRO-1310			State Board of Elections				December 2009		

			From the Co			1	☑ Yes	□ No		
1 Committee Fu	ll Name	(and Fund if or	ements, including c	ontributions retu	med to the contri					
1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES						2. ID Number				
							CRA-2CD2NC-C-001			
3. Payee Informa		Militaria.		The second secon	emove					
a. Full Name, Mai	10 TO			d. Type of Comr		g. C	Comment	S		
(include city, st		ip)		Candidate	☐ PAC					
SARAH TELLIS				Referendum	Party					
5104 TRENT W				e. Level Registered (Specify) Federal County:			h. Original Receipt Date			
TRENT WOOD	5, NC 2	.8302		State Municipality:			05/18/2013			
2							i. Original Receipt Amount			
67							\$ 500.			
b. Job Title/Profes	sion	c. Employer's l	Name/Specific Field	f. Purpose Code		ım to Date				
		PEARL MINIST	RY	О		\$	Special graphs are self-consistent	0.00		
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	ууу)	o. Amou	nt		
1	Draft		REVERSAL OF SARA	H TELLIS CONT.	09/06/2013		\$	500.00		
	3. Payee Information Add Remove									
a. Full Name, Mail	GELL HARLENDY LUCCH	100000000000000000000000000000000000000		d. Type of Comm	process of a contract of the c	g. Comments				
(include city, st		p)		☐ Candidate	☐ PAC					
MALIA M ZAY				Referendum Party						
2610 OLDGATE 304	DR		** * * * * * * * * * * * * * * * * * *	e. Level Registered (Specify) Federal County:			h. Original Receipt Date			
RALEIGH, NC	27604			State	Municipality: 08/12/2			2/2013		
							i. Original Receipt Amount			
			7.				i i	232.95		
b. Job Title/Profess	sion	c. Employer's N	ame/Specific Field	f. Purpose Code		j. Đ	ection Su	m to Date		
CAMPAIGN CONSULTANT SELF			P		\$		0.00			
k. Account Code	k. Account Code I. Form of Payment m. Required Remarks				n. Date (mm/dd/yyyy) o. Amount					
1	Check	INVITES/ENV/POSTA		GE	08/13/2013		\$	232.95		
4. Total only this Page						\$		732.95		
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100))		\$	- D	732.95		
6. Purpose Codes (List detailed disbursement code in (f) above)										
L-Returned to		AND	Overpayment for Ser	vice	N - Exceed	ed C	ontibutio	n Limit		
P* - Reimburs e	ment of		CONTRACTOR OF THE PROPERTY OF			aa ka iyo				
* Codes require detailed explanation in required remarks field (m)										

NC State Board of Elections

CRO-1320

Amendment

In-Kind Contributions Use this form to report non-monetary contributions, donat	tions c	Pg	1	_ of		Amendm Yes	П No
Use CRO-1215 if In-Kind Contributions were or will be	e refu	nded withi	n 7 day	S.	.0 the coi	mmittee of 1	runa.
1. Committee Full Name (and Fund if applicable)					2. ID	Number	
CITIZENS TO ELECT CHIP HUGHES					CRA-	-2CD2NC-	C-001
3. Contributor Information] Ad	d 🔲 Re	move				* 1.1
a. Full Name, Mailing Address & Phone	b. Type of C		tributo	tributor c. Co		omments	
(include city, state, & zip)	X	Individual					
MALIA M ZAYTOUN		Candidate					
2610 OLDGATE DR		Party					
304		PAC					
RALEIGH, NC 27604	Referendum			d. Election Sum to Date			
		Other Rece	ipt Sour	ce	\$		0.00
e. Description			f. Date	(mm/de	d/yyyy)	g. Fair Ma	arket Amount
INVITATIONS/ENVELOPES STAMPS				08/12/2013 \$		\$	232.95
						\$	
						\$	
4. Total only this Page					\$		232.95
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	RO-110	00)			\$		232.95

CRO-1510

NC State Board of Elections

December 2007

			ee Page 1 of _		No
1. Committ	2. ID Number				
CITIZENS	TO ELECT CHIP HUC	CRA-2CD2NC-C-001			
3. Transfer	Information		VALUE AND THE		
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount	
☐ Add ☐ Remove	2	1	07/05/2013	\$	47.12
☐ Add ☐ Remove	2	1	07/09/2013	\$ 2	35.62
☐ Add ☐ Remove	2	1	07/22/2013	\$	94.25
4. Total o	nly this Page	\$ 3	76.99		
March Salaria Control of the Control	f ALL CRO-1720 P nust be on line 24 of Detaile	ages ed Summary Page CRO-110	0)	\$ 3	76.99
CRO-1720		Decemb	er 2007		